POLK CO. COMMISSIONERS: Martha Santiago and Becky Troutman CITY OF LAKELAND COMMISSIONERS: Bill Mutz, Sara McCarley and Guy Lalonde, Jr. GENERAL MANAGER: Tom Phillips

1212 GEORGE JENKINS BLVD., LAKELAND, FL 33815 | 855-POLKBUS (765-5287) | WWW.RIDECITRUS.COM

December 5, 2024

Ms. Julia Davis
Polk Transportation Planning Organization, Inc.
P.O. Box 9005
Drawer TS05
Bartow, Florida 33831-9005

RE: Request for LCB review of grant application for Coordination Purposes.

Dear Julia,

Lakeland Area Mass Transit District submits this Application for the Federal Transit Administration Section 5310 Program Grant for the Enhanced Mobility of Seniors and Individuals with Disabilities. This application is for the total amount of \$379,082 and is being presented for review by the Polk County Local Coordinating Board (LCB). We are requesting funds for the continued operation of the Travel Trainer Project, Para Transit Vehicle Lifts, and Capital Preventative Maintenance within the Lakeland UZA.

Lakeland Area Mass Transit District submits this Application for the Federal Transit Administration Section 5310 Program Grant for the Enhanced Mobility of Seniors and Individuals with Disabilities. This application is for the total amount of \$381,078 and is being presented for review by the Polk County Local Coordinating Board (LCB). We are requesting funds for the continued operation of the Travel Trainer Project, Para Transit Vehicle Lifts, and Capital Preventative Maintenance within the Winter Haven UZA.

Lakeland Area Mass Transit District submits this Application for the Federal Transit Administration Section 5311 Program for Capital and Operating Assistance. This application is for the total amount of \$1,968,082 and is being presented for review by the Polk County Local Coordinating Board (LCB). We are requesting the funds to defray the cost of continued operations and capital preventative maintenance within Rural Polk County.

Please arrange for the LCB to review these grants, for coordination purposes, at its next regular scheduled meeting. Please let me know when that meeting is scheduled. Please also send me a letter following the LCB's review, to let me know what action the LCB took at your earliest convenience.

Sincerely,

Lynda McMillan, Grants Coordinator Lakeland Area Mass Transit District

Lynda McMillan



## **BOARD OF DIRECTORS**

POLK CO. COMMISSIONERS: Martha Santiago and Becky Troutman CITY OF LAKELAND COMMISSIONERS: Bill Mutz, Sara McCarley and Guy Lalonde, Jr. GENERAL MANAGER: Tom Phillips

1212 GEORGE JENKINS BLVD., LAKELAND, FL 33815 | 855-POLKBUS (765-5287) | WWW.RIDECITRUS.COM

CC FDOT grant application packet

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for Federal Assistance SF-424									
* 1. Type of Submiss	sion:	* 2. Type of Application:	* If Revision, select appropriate letter(s):						
Preapplication New		New New							
Application		Continuation	* Other (Specify):						
Changed/Corr	ected Application	Revision	(10)						
* 3. Date Received:		4. Applicant Identifier:	h 510						
*3. Date Received:  4. Applicant Identifier:  5a. Federal Entity Identifier:  5b. Federal Award Identifier:									
5a. Federal Entity Id	entifier:		5b. Federal Award Identifier:						
			1000						
State Use Only:									
6. Date Received by	State:	7. State Application	Identifier: 1001						
8. APPLICANT INFO	ORMATION:								
* a. Legal Name: L	akeland Area Ma	ass Transit District							
* b. Employer/Taxpa	yer Identification Num	nber (EIN/TIN):	* c. UEI:						
59-2096281			KTL6R43BYV06						
d. Address:									
* Street1:	1212 George Je	enkins							
Street2:									
* City:	Lakeland								
County/Parish:									
* State:	FL: Florida								
Province:									
* Country:	USA: UNITED ST	PATES							
* Zip / Postal Code:	33815-1312								
e. Organizational U	nit:								
Department Name:			Division Name:						
f. Name and contac	t information of per	rson to be contacted on ma	atters involving this application:						
Prefix: Ms.		* First Name	: Lynda						
Middle Name:									
* Last Name: McM:	illan								
Suffix:									
Title: Grants Coo	rdinator								
Organizational Affiliation:									
* Telephone Number: 863 - 733 - 8070 Fax Number:									
*Email: lmcmilla:	n@ridecitrus.co	om							

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
D: Special District Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Federal Transit Administration
11. Catalog of Federal Domestic Assistance Number:
20.513
CFDA Title:
Formula Grant for the Enhanced Mobility of Seniors and Individuals with Disabilities
* 12. Funding Opportunity Number:
* Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Section 5310 funding to be utilized for continuation of our Travel Trainer Program, and to enhance
the ADA compliance at the Lakeland Terminal located within the Lakeland UZA
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424									
16. Congressional Districts Of:									
* a. Applicant	FL-15 * b. Program/Project FL-15								
Attach an add	itional list of Program/F	oject Congressional Districts if needed.							
Add Attachment Delete Attachment View Attachment									
17. Proposed Project:									
* a. Start Date: 07/01/2025 * b. End Date: 06/30/2026									
18. Estimated Funding (\$):									
* a. Federal		231,662.00							
* b. Applicant		0.00							
* c. State		28,958.00							
* d. Local		28,958.00							
* e. Other		0.00							
* f. Program Ir	ncome	0.00							
* g. TOTAL		289,578.00							
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.									
_	_	Any Federal Debt? (If "Yes," provide explanation in attachment.)							
Yes	⊠ No								
If "Yes", provi	de explanation and a	Add Attachment Delete Attachment View Attachment							
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.									
Authorized Re	Authorized Representative:								
Prefix:		* First Name: Tom							
Middle Name:									
* Last Name:	Phillips								
Suffix:									
* Title: General Manager									
* Telephone Number: 863-327-1300 Fax Number:									
* Email: tphillips@ridecitrus.com									
* Signature of A	uthorized Representat	* Date Signed:							

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for	Federal Assista	ınce Si	F-424					
* 1. Type of Submiss		* 2. Typ	pe of Application:	*	If Revision, select appropriate letter(s):			
Application Continuation *			ontinuation	* (	* Other (Specify):			
Changed/Corr	Changed/Corrected Application Revision							
* 3. Date Received:	* 3. Date Received:  4. Applicant Identifier:							
					ID.			
5a. Federal Entity Identifier:  5b. Federal Award Identifier:								
State Use Only:								
6. Date Received by	State:		7. State Application	ld	entifier: 1001			
8. APPLICANT INFO	ORMATION:							
* a. Legal Name: L	akeland Area M	ass Tr	ansit District					
* b. Employer/Taxpa	yer Identification Num	nber (EIN	I/TIN):	T	* c. UEI:			
59-2096281				1	KTL6R43BYV06			
d. Address:				1				
* Street1:	1212 George Je	enkins						
Street2:								
* City:	Lakeland							
County/Parish:								
* State:	FL: Florida							
Province:								
* Country:	USA: UNITED ST	TATES						
* Zip / Postal Code:	33815-1312							
e. Organizational U	nit:							
Department Name:				Ī	Division Name:			
f. Name and contac	t information of pe	rson to	be contacted on ma	atte	ers involving this application:			
Prefix: Ms.			* First Name	:	Lynda	$\neg$		
Middle Name:								
* Last Name: McM:	illan							
Suffix:								
Title: Grants Coordinator								
Organizational Affiliation:								
* Telephone Number:	863-733-8070				Fax Number:			
*Email:   lmcmillan@ridecitrus.com								

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
D: Special District Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Federal Transit Administration
11. Catalog of Federal Domestic Assistance Number:
20.513
CFDA Title:
Formula Grant for the Enhanced Mobility of Seniors and Individuals with Disabilities
* 12. Funding Opportunity Number:
*Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Section 5310 funding to be utilized for continuation of our Travel Trainer Program, and to enhance the ADA compliance at the Winter Haven Terminal located within the Winter Haven UZA
Attach supporting documents as specified in agency instructions.
Add Attachments  Delete Attachments  View Attachments

Application for Federal Assistance SF-424									
16. Congressional	Districts Of:								
* a. Applicant FL-18 * b. Program/Project 11, 18									
Attach an additional	list of Program/Project	Congressional Distric	ts if need	ed.	10.00				
Add Attachment Delete Attachment View Attachment									
17. Proposed Project:									
* a. Start Date: 07/01/2025									
18. Estimated Funding (\$):									
* a. Federal		232,881.00	Ti di						
* b. Applicant		0.00							
* c. State		29,110.00							
* d. Local		29,110.00							
* e. Other		0.00							
* f. Program Income		0.00							
* g. TOTAL		291,101.00							
* 19. Is Application	Subject to Review B	y State Under Exec	utive Or	der 12372	2 Process?				
a. This applicat	tion was made availab	le to the State unde	er the Exe	ecutive O	rder 123 <b>7</b> 2 l	rocess for i	review on		
b. Program is s	subject to E.O. 12372	but has not been se	elected by	the State	e for review.				
C. Program is n	ot covered by E.O. 12	372.							
	nt Delinquent On Any	Federal Debt? (If	"Yes," p	rovide ex	planation ir	attachmen	t.)		
Yes	No								
If "Yes", provide ex	planation and attach						- 1 (		
			Add At	tachment	t Dele	e Attachme	nt Vie	w Attachment	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.									
Authorized Representative:									
Prefix:		* First	t Name:	Tom					7
Middle Name:		<u></u>							_
*Last Name: Phillips									
Suffix:									_
* Title: General Manager									
* Telephone Number: 863-327-1300 Fax Number:									
*Email: tphillips@ridecitrus.com									
* Signature of Authori	zed Representative:							* Date Signed:	

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for	Federal Assista	nce SI	F-424					
* 1. Type of Submiss  Preapplication  Application  Changed/Corr		□ c	ne of Application: ew ontinuation evision		f Revision, select appropriate letter(s):  Other (Specify):			
* 3. Date Received:	* 3. Date Received: 4. Applicant Identifier:							
5a. Federal Entity Identifier:					5b. Federal Award Identifier:			
State Use Only:								
6. Date Received by	State:		7. State Application	lde	entifier: 1001			
8. APPLICANT INF	ORMATION:							
* a. Legal Name: L	akeland Area Ma	ass Tr	ansit District					
* b. Employer/Taxpa	yer Identification Num	ber (EIN	I/TIN):	T	* c. UEI:			
59-2096281					KTL6R43BYV06			
d. Address:								
* Street1:	1212 George Je	nkins		_				
Street2:								
* City:	Lakeland							
County/Parish:								
* State:	FL: Florida							
Province:								
* Country:	USA: UNITED ST	TATES						
* Zip / Postal Code:	33815-1312							
e. Organizational U	nit:							
Department Name:				T	Division Name:			
f. Name and contac	t information of pe	rson to	be contacted on ma	atte	ers involving this application:			
Prefix: Ms.		1	* First Name	:	Lynda			
Middle Name:		E						
* Last Name: McM	t Name: McMillan							
Suffix:								
Title: Grants Coordinator								
Organizational Affiliati	ion:							
* Telephone Number:	0.50 .500 .005			_	Fax Number:			
* Email:   lmcmilla:	n@ridecitrus.co	om						

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
D: Special District Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Federal Transit Administration
11. Catalog of Federal Domestic Assistance Number:
20.509
CFDA Title:
Formula Grant for Rural Areas
<u></u>
* 12. Funding Opportunity Number:
+ T0
* Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Section 5311 funds will be utilized to assist the Agency with operational expenses necessary to provide public transportation services to the citizens of rural Polk County
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424										
16. Congressional	16. Congressional Districts Of:									
* a. Applicant	L-18		* b. Pro	gram/Project 11,1	8					
Attach an additional I	ist of Program/Project Congressiona	Districts if needed.	11 24							
		Add Attachm	ent Delete	Attachment Vi	ew Attachment					
17. Proposed Proje	17. Proposed Project:									
* a. Start Date: 07/01/2025 * b. End Date: 06/30/2026										
18. Estimated Funding (\$):										
* a. Federal	984,04	1.00								
* b. Applicant		0.00								
* c. State		0.00								
* d. Local	984,04	1.00								
* e. Other		0.00								
* f. Program Income		0.00								
* g. TOTAL	1,968,08	2.00								
* 19. Is Application	Subject to Review By State Unde	r Executive Order 123	72 Process?							
a. This applicati	on was made available to the Stat	te under the Executive	Order 12372 Pro	cess for review on	e e					
b. Program is su	ibject to E.O. 12372 but has not b	een selected by the St	ate for review.							
C. Program is no	ot covered by E.O. 12372.									
	t Delinquent On Any Federal Del	ot? (If "Yes," provide	explanation in a	ttachment.)						
∐ Yes ∑	No									
If "Yes", provide exp	lanation and attach									
		Add Attachme	Delete i	Attachment Vie	w Attachment					
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.										
Authorized Representative:										
Prefix:		* First Name: Tom								
Middle Name:					<del>-</del>					
*Last Name: Phillips										
Suffix:										
* Title: General Manager										
* Telephone Number: 863-327-1300 Fax Number:										
* Email: tphillips@ridecitrus.com										
* Signature of Authoriz	ed Representative:				* Date Signed:					